

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31985**

FILED SEP 16 1943

Registration District No. **1675**

Primary Registration District No. **3036**

Registrar's No. **117**

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution East Lyndall
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution none
(Specify whether)
In this community 40 yr
years, months or days

3. (a) PRINT
FULL NAME

George Bell

3. (b) If veteran,
name war none

3. (c) Social Security
No. none

4. Sex M 0
5. Color or race W
6. (a) Single widowed, married,
divorced MARRIED
6. (b) Name of husband or wife Allice Bell
6. (c) Age of husband or wife if
alive 24 years
7. Birth date of deceased July 24 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 1 6 hr. 0 min.

9. Birthplace Everton MO Wade County
(City, town, or county) (State or foreign country)

10. Usual occupation railroader

11. Industry or business

12. Name William Bell
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Kathryn Ross
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs George Bell
(b) Address Aurora MO
17. (a) Burial (b) Date thereof Sept 11/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director W. A. Herring
(b) Address Aurora MO
19. (a) Sept 1-1943 (b) Eunice Herring
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Aurora MO East Lyndall
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1943 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from Aug 1-43
1943 to Aug 20 1943
that I last saw him alive on Aug 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Parency nephritis
Duration

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. A. Herring (M. D. or other)
Address Aurora MO Date signed Aug 30

SEP 27 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3872*

P. O. Address. *Quincy Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 175

Primary Registration District No. 3036

Registrar's No.

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME George Bell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased July 24 1943
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 1 If less than one day _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 20
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death chronic nephritis Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W.D. Huron (M. Doctor) _____

Address Aurora, Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

31985